

SERIAL NUMBER 09/413,971	FILING DATE 10/07/99	CLASS 709	GROUP ART UNIT 2756	ATTORNEY DOCKET NO. P/2167-90
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APPLICANT

LOUIS RIEHL, MARLBORO, NJ; GEORGE ANDERSON, FREEHOLD, NJ.

  
  

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED PROVISIONAL APPLICATION NO. 60/119,284 02/09/99  
verified CRB

  

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED  
none  
CRB

  
  
  

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED  
none  
CRB

  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/01/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  <input type="checkbox"/> yes <input type="checkbox"/> no           </div>	STATE OR COUNTRY NJ	SHEETS DRAWING 12	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 3
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Verified and Acknowledged CRB  
Examiner's Initials Initials

  

ADDRESS

SEE CUSTOMER NUMBER: 002352

  

TITLE

SYSTEM AND METHOD FOR BACK OFFICE PROCESSING OF BANKING TRANSACTIONS USING ELECTRONIC FILES

  

FILING FEE RECEIVED  \$1,264	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> All Fees           <input type="checkbox"/> 1.16 Fees (Filing)           <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)           <input type="checkbox"/> 1.18 Fees (Issue)           <input type="checkbox"/> Other _____           <input type="checkbox"/> Credit         </div>
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Bib Data Sheet

CONFIRMATION NO. 2659

<b>SERIAL NUMBER</b> 09/413,971	<b>FILING OR 371(c) DATE</b> 10/07/1999 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3627	<b>ATTORNEY DOCKET NO.</b> 72167.000112	
<b>APPLICANTS</b> LOUIS RIEHL, MARLBORO, NJ; GEORGE ANDERSON, FREEHOLD, NJ;  ** CONTINUING DATA ***** This appln claims benefit of 60/119,284 02/09/1999  ** FOREIGN APPLICATIONS *****  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/01/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 21967					
<b>TITLE</b> SYSTEM AND METHOD FOR BACK OFFICE PROCESSING OF BANKING TRANSACTIONS USING ELECTRONIC FILES					
<b>FILING FEE RECEIVED</b> 1264	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		